

# Shotokan Karate

With Sensei Nelson Vaughn

Fun - Non-Contact - Builds Confidence and Self Esteem

Grades K-5 and Home-Schooled Kids



Wednesday Mornings

HIS: February 3 - March 17 9:10-9:50 am

WHS: March 24 - May 5 9:10-9:50 am

**Drop off for all classes is 9:00**

Session: \$40 for 6 weeks

White Uniform Gi: \$15

Limited Scholarships Available

Late Registration Fee: \$10

**There is no on-site registration**

Send fee and form to:

Town of Harpswell  
Recreation Department  
PO Box 39  
Harpswell, Maine 04079

(OR)

Drop at the Town Office  
during regular business  
hours.  
M, T, W, F 8:30-4:30  
Thursday 1:00-6:30

(OR)

Put in the drop box to  
the right of the front  
glass entrance at the  
Town Office.

For More Info contact: Gina Perow 833-5771 ext. 103 or harpswellrec2@suscom-maine.net



For office use only: \_\_\_\_\_ #R4181

## Shotokan Karate at HIS & WHS 2010

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ HIS WHS HomeS (circle one)

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (eve.) \_\_\_\_\_ Cell \_\_\_\_\_

Emerg. Contact \_\_\_\_\_ Phone \_\_\_\_\_

Medical/Physical/Emotional limitations \_\_\_\_\_

*\*\*Photos and videos taken may be used for local publicity\*\**

**Release from Liability** In consideration of my child's participation in Martial Arts during 2010, I hereby release and discharge Nelson Vaughn, M.S.A.D. 75, and the Town of Harpswell from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators and assigns may have against the aforementioned parties, for all personal injuries, known or unknown, which my child may incur by participation in the above-mentioned activity. I realize my health/accident insurance is responsible for injuries that my child may sustain while participating in the above-mentioned activity. I give the supervisor(s) permission to obtain whatever medical treatment may be necessary in the event of injury.

Signature \_\_\_\_\_ (parent or guardian)